

PROB 12B  
(7/93)

UNITED STATES DISTRICT COURT

FILED

for

WESTERN DISTRICT OF TEXAS

MAR 19 2019

CLERK, U.S. DISTRICT CLERK  
WESTERN DISTRICT OF TEXAS  
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**Request for Modifying the Conditions or Term of Supervision  
with Consent of the Offender**  
*(Probation Form 49, Waiver of Hearing is Attached)*

Name of Offender: Emily Ann Flores Case Number: DR-15-CR-00222(01)-AM

Name of Sentencing Judicial Officer: Honorable Alia Moses, United States District Judge

Date of Original Sentence: July 14, 2016

Original Offense: Conspiracy to Possess with Intent to Distribute More than 100 Grams or Heroin, in violation of 21 U.S.C. §846

Original Sentence: Sixty (60) months imprisonment followed by five (5) years supervised release

Type of Supervision: Supervised Release Date Supervision Commenced: January 7, 2019

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**PREVIOUS COURT ACTION**

None.

**PETITIONING THE COURT**

To extend the term of supervision    years, for a total of    years.  
 To modify the conditions of supervision as follows:

To include:

**The defendant shall take all mental health medications that are prescribed by the treating physician, as prescribed.**

Emily Ann Flores  
DR-15-CR-00222(01)-AM  
March 4, 2019  
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### CAUSE

Ms. Flores is a 36 year old Hispanic female, who has a Criminal History Category I. She has a significant history of mental health issues and has been diagnosed with Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder and panic attacks. She also has a history of suicide attempts during her twenties. Ms. Flores reported a history of substance abuse to include alcohol and marijuana from the age of 15 and cocaine from age 29.

While Ms. Flores was residing at Crosspoint, Inc., Residential Reentry Center, under the custody of the Bureau of Prisons, she was referred to Dr. Gloria Fondren for both mental health and substance abuse counseling. Since the commencement of her supervision, Dr. Fondren has agreed to continue counseling services pro bono. Ms. Flores was also receiving mental health medication through the same physician's office; however, those medication will no longer be provided without payment. Although she has a mental health treatment condition, she is also in need of psychiatric medication.

Based on her psychiatric need, this officer respectfully recommends conditions of supervision be modified to include a condition for mental health medications as prescribed by her treating physician, in order to assist and monitor her stabilization. Ms. Flores is in agreement with the modification and has signed a Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision, Probation Form 49, which is attached.

Approved:

Tracy L. Tate  
Supervising U.S. Probation Officer  
Telephone: (210) 472-6590, Ext. 5317

Respectfully submitted,

Lisa M. Neale  
U.S. Probation Officer  
Telephone: (210) 472-6590, Ext. 5322  
Date: March 4, 2019

cc: James Richard Golden, Jr.  
Assistant Deputy Chief U.S. Probation Officer

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### THE COURT ORDERS:

- No Action.
- The extension of supervision as noted above.
- The modification of conditions as noted above.
- Other \_\_\_\_\_

*Alia Moses*  
Honorable Alia Moses  
U.S. District Judge  
*3/19/19*  
Date

PROB 49  
(3/89)

United States District Court  
Western District of Texas

**Waiver of Hearing to Modify Conditions  
of Probation/Supervised Release or Extend Term of Supervision**

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision.

**The defendant shall take all mental health medications that are prescribed by the treating physician, as prescribed.**

Witness:   
U.S. Probation Officer

Signed:   
Probationer or Supervised Releasee

02/22/2019  
Date